

# 457 Emergency Withdrawal Packet

**A Guide to Unforeseeable  
Emergency Withdrawals**

This booklet contains the following forms:

- ▲ 457 Deferred Compensation Plan Emergency Withdrawal Form
- ▲ IRS W-4 Form
- ▲ 457 Deferred Compensation Plan Emergency Withdrawal Worksheet

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## INTRODUCTION

A strictly defined Internal Revenue Code provision in your deferred compensation plan allows withdrawals in the event of an unforeseeable emergency. This withdrawal, an exception from normal retirement benefits under the plan, is the only one permitted while you remain employed by the employer holding your account.

Your deferred compensation plan, with its tax-deferred feature, is one of the best ways you have available to accumulate savings for retirement. Emergencies, however, do occur. RC recognizes the critical needs that give rise to unforeseeable emergencies and strives to provide the most rapid response possible.

The emergency provision also allows withdrawals after you retire. The use of this provision is the only allowable alteration to your payment schedule once you begin payout of your account. This provision is also available to your beneficiary in the event of your death.

This packet offers guidelines for determining whether your situation fits the emergency withdrawal provision.

## DEFINITION

Unforeseeable emergencies within a Section 457 deferred compensation plan are very strictly defined by Internal Revenue Code provisions. Deferred compensation is for retirement purposes. Its tax-deferred privileges are granted because funds are not readily available to the participant.

A plan not operating in compliance with IRS regulations is at risk of being deemed ineligible, with all plan assets immediately taxed. RC assists with the compliance status of emergency withdrawal requests to protect the tax-deferred status of the assets in your employer's plan.

An unforeseeable emergency is defined as a severe financial hardship created by:

- sudden and unexpected illness or accident to you or your dependents,
- loss of your property due to casualty, or

- other similar, equally severe and unforeseeable circumstances beyond your control.

Assets in your deferred compensation account must represent a last resort. The emergency situation must be one that cannot be relieved through insurance reimbursement, cash in savings accounts and credit unions, cash value of life insurance or the liquidation of other assets, a loan from your deferred compensation account, or ceasing contributions.

For an emergency to comply with IRS regulations, it must satisfy **all** of the following:

- Financial hardship must be severe and beyond your control.
- Funds in your deferred compensation account must represent a last resort.
- Emergency circumstances must be sudden, unexpected, and unbudgetable.
- In the event of sudden illness, financial hardship must result from events affecting you or a dependent who can be claimed on your tax return.

### Allowable Circumstances

Regulations under the Internal Revenue Code offer only four covered specific circumstances: medical expenses resulting from your sudden illness or accident; medical expenses resulting from the sudden illness or accident of one of your dependents; loss of property due to casualty; or other similar extraordinary and unforeseeable circumstances arising as a result of events beyond your control. In all of these circumstances, if insurance covers expenses, deferred compensation assets may not be withdrawn.

### Exempt Circumstances

Specific events **not** considered emergencies by the IRS are purchase of real estate and payment of college tuition. Other situations that would probably not comply with IRS regulations include:

- purchase or repair of an automobile
- unpaid rent, utility bills, mortgage payments

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- repayment of loans
- personal bankruptcy (except when resulting directly and solely from illness or casualty loss)\*
- payment of income tax, back taxes, or fines associated with back taxes\*
- marital separation or divorce\*
- routine dental bills

*\*Although not reflected in the Internal Revenue Code, the IRS has stated in question-and-answer sessions that these situations would not comply.*

Eligibility Test

To test whether or not your particular situation might qualify as an emergency, pose these key questions:

- If the situation is not one specifically allowed by the regulations, is it as severe a hardship as, for example, sudden illness or accident?
- Is the situation unforeseeable and beyond your control?
- Could you have budgeted for the situation?

**EMERGENCY WITHDRAWAL PROCEDURES**

Before an emergency withdrawal disbursement is made, you must:

- Determine that suspending contributions will not satisfy the financial need
- Exhaust all available loan options from your deferred compensation or defined contribution account(s)
- Obtain all proper documentation

- Obtain employer's authorization

Documenting Your Request

The Emergency Withdrawal Form asks you to describe the emergency and confirm that it meets the guidelines. The form requires that you attach any documents supporting your request, including information about the circumstances, financial impact of the emergency, and the nature of your other resources available to meet the emergency. **If you do not provide adequate documentation with your initial request, processing may be delayed.** Once you have completed the form, submit it to your employer.

Obtaining Employer Authorization

Under the Internal Revenue Code, only your employer can authorize an emergency withdrawal. Upon request, RC will provide an opinion to the employer concerning the likely compliance of the emergency situation within the requirements of the Internal Revenue Code and regulations.

**PROCESSING AND DISBURSEMENTS**

Amount

You may only withdraw reasonably sufficient funds needed to satisfy the emergency plus the tax liability on that amount.

Taxation and Withholding Requirements

As you are aware, the money you have deferred under this program has not been included in your gross income. No federal or state income taxes have been paid. If your emergency withdrawal request is granted, you will receive a Form W-2. You will have to include the sum you withdraw in your gross income for the tax year in which you receive this withdrawal.

Included with the Emergency Withdrawal Form is a federal tax withholding form (W-4). Complete and return it with your request. If you do not return the form before your payment is made, RC must withhold federal taxes based on IRS requirements and may be required to withhold state taxes as well. The IRS standard is a filing status of single, claiming zero exemp-

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tions. You should also submit a state withholding form. No withholding of taxes will be made on beneficiary emergency withdrawals.

RC Processing

**Submitting inadequate documentation to your employer will delay the processing of your withdrawal request.**

Upon receipt of your request, RC will review it for completeness. Be sure to include your daytime phone number on page 1 of the form, if contact with you is necessary.

Disbursement

Payments for emergency withdrawals are made daily from participant accounts. Completed requests should be mailed to:

ICMA Retirement Corporation  
Attn.: Records Management Unit  
P.O. Box 96220  
Washington, DC, 20090-6220

Mailing completed requests to this address will ensure timely processing. Facsimiles of completed requests must be received by 12:00 noon ET to be processed that business day.

**Please Note:** Any delay in providing all necessary information and documentation may result in a payment being delayed.

**FOR FURTHER INFORMATION,  
PLEASE CONTACT  
CLIENT SERVICES TOLL FREE**

**1-800-669-7400**

# 457 Deferred Compensation Plan Emergency Withdrawal Form



• Please submit request to your employer for authorization PRIOR to sending it to RC

<p><b>1</b> Employee Information</p> <p>All Information in this Box Must Always be Completed to Avoid a Delay in Processing.</p>	<p><b>Employer Plan Number</b> _____ <b>Employer Plan Name</b> _____ <b>State</b> _____</p> <p><b>Social Security Number</b> _____ <b>Daytime Phone Number:</b> (____) _____ - _____</p> <p><b>Marital Status</b>  <input type="checkbox"/> Married    <input type="checkbox"/> Single</p> <p><b>Name of Participant</b>          Last _____ First _____ M.I. _____</p> <p><b>Date of Birth:</b> _____ <b>Date of Hire:</b> _____ <b>Last Day of Employment:</b> _____</p> <p>Month _____ Day _____ Year _____    Month _____ Day _____ Year _____    Month _____ Day _____ Year _____</p> <p>Permanent Address: _____</p> <p>City _____ State _____ Zip Code _____</p> <p>For state tax purposes, please declare your intended residency state IF DIFFERENT from the state noted under the permanent address section: _____          State _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>Mailing Address for Payment (If different from permanent address)</b>  <b>NOTE:</b> If check is to be sent directly to your bank, print the bank's mailing address.</p> <p>_____</p> <p>_____</p> <p>City _____ State _____ Zip Code _____</p> </div>
<p><b>2</b> Withdrawal Request</p>	<p>This application constitutes a request to withdraw \$_____ from my deferred compensation account.</p>
<p><b>3</b> Withholding Election</p>	<p>Please complete the attached Form W-4. Forms are also available from your employer or by writing or calling the ICMA Retirement Corporation. All withdrawals are subject to federal income taxes. Also obtain and submit a state withholding form.</p> <p>IF THE FORM W-4 IS NOT COMPLETED, FEDERAL INCOME TAX WILL AUTOMATICALLY BE WITHHELD AT THE RATE FOR A SINGLE PERSON WITH 0 EXEMPTIONS. STATE INCOME TAX WITHHOLDING WILL DEPEND UPON STATE RULES.</p>
<p><b>4</b> Reason for Request</p>	<p>Does the situation result from one of the following?</p> <ul style="list-style-type: none"> <li>• Sudden, unexpected illness or accident of the participant    <input type="checkbox"/> YES    <input type="checkbox"/> NO</li> <li>• Sudden, unexpected illness of a dependent of the participant    <input type="checkbox"/> YES    <input type="checkbox"/> NO</li> <li>• Loss of the participant's property due to casualty    <input type="checkbox"/> YES    <input type="checkbox"/> NO</li> <li>• Similar extraordinary unforeseen circumstances    <input type="checkbox"/> YES    <input type="checkbox"/> NO</li> </ul> <p>Emergency withdrawals from a 457 deferred compensation account are permitted only when due to severe financial emergency, as defined by the IRS. Please supply sufficient detail to explain your situation, as indicated above, including your need to withdraw the funds and all other financial resources you have available. Attach all supporting documentation regarding your request (e.g., supporting medical bills, correspondence from an attorney or insurance company, etc.) Use additional sheets if necessary.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

# 457 Deferred Compensation Plan Emergency Withdrawal Form—Page 2



	<b>Employer Plan Number</b> <b>Employer Plan Name</b> <b>State</b> _____ _____	
	<b>Social Security Number</b> _____ - _____ - _____	
	<b>Name of Participant</b> Last _____ First _____ M.I. _____	
<b>5</b> Emergency Checklist	<p>Does this situation create a severe financial hardship?    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>Was the situation unforeseeable and beyond your control, such that it could not be budgeted for?    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>Have the following actions already been taken to cover this situation?</p> <ul style="list-style-type: none"> <li>• Applied proceeds from insurance    <input type="checkbox"/> YES    <input type="checkbox"/> NO</li> <li>• Suspended deferred contributions*    <input type="checkbox"/> YES    <input type="checkbox"/> NO</li> <li>• Liquidated assets (including savings account)**    <input type="checkbox"/> YES    <input type="checkbox"/> NO</li> </ul> <p style="margin-left: 40px;">* only required if ceasing contributions would satisfy hardship or if your employer requires this. For example, if the request is a large amount and the contributions are very small, ceasing contributions is not required. However, if the request would be satisfied by ceasing contributions for a period of time, the request should not be submitted.</p> <p style="margin-left: 40px;">** unless liquidation would itself constitute a hardship</p> <p>If you answered no to any of the above, please explain here:</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<b>6</b> Participant Authorization	<p>As required by law and under penalty of perjury, I certify that the Social Security Number (Taxpayer Identification Number) I provided for myself is correct.</p> <p>Participant Signature: _____ Date: _____</p> <p><b>SUBMIT REQUEST TO YOUR EMPLOYER FOR AUTHORIZATION PRIOR TO SENDING TO RC.</b></p> <p>For further information consult <i>A Guide To Unforeseeable Emergency Withdrawals</i>, in this packet.</p>	
<b>7</b> Employer Authorization For Employer's Use Only	<p><b>Immediate disbursement</b></p> <p><i>As the authorized official for the employer, I certify that this request has been reviewed and hereby direct RC to disburse funds immediately to the individual named on this request.</i></p> <p>Employer's Signature: _____ Date: _____</p> <p>Name of Employer Authorized Official (Please Print): _____</p> <p>Employer Authorized Official's Title: _____</p> <p>Make Check Payable to: _____</p>	
	<b>Mail Check to:</b> <input type="checkbox"/> <b>Employee</b> (as indicated in part 1) <input type="checkbox"/> <b>Employer</b>	

# Form W-4 (1999)

**Purpose.** Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7, and sign the form to validate it. Your exemption for 1999 expires February 16, 2000.

**Note:** You cannot claim exemption from withholding if (1) your income exceeds \$700 and includes more than \$250 of unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the Personal Allowances Worksheet. The worksheets

on page 2 adjust your withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. They will help you figure the number of withholding allowances you are entitled to claim. **However, you may claim fewer allowances.**

**Child tax and higher education credits.** For details on adjusting withholding for these and other credits, see **Pub. 919, Is My Withholding Correct for 1999?**

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES. Otherwise, you may owe additional tax.

**Two earners/two jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding will usually be most accurate when all allowances are claimed on the Form W-4 prepared for the highest paying job and zero allowances are claimed for the others.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your estimated total annual tax. Get Pub. 919 especially if you used the Two-Earner/Two-Job Worksheet and your earnings exceed \$150,000 (Single) or \$200,000 (Married).

**Recent name change?** If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

## Personal Allowances Worksheet

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent .....	<b>A</b> _____
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.</li> </ul>	<b>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter -0- if you are married and have either a working spouse or more than one job. (This may help you avoid having too little tax withheld.) .....	<b>C</b> _____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return .....	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) .....	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$1,500 of <b>child or dependent care expenses</b> for which you plan to claim a credit. ....	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit:</b> <ul style="list-style-type: none"> <li>• If your total income will be between \$20,000 and \$50,000 (\$23,000 and \$63,000 if married), enter "1" for each eligible child.</li> <li>• If your total income will be between \$50,000 and \$80,000 (\$63,000 and \$115,000 if married), enter "1" if you have two eligible children, enter "2" if you have three or four eligible children, or enter "3" if you have five or more eligible children .....</li> </ul>	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. <b>Note:</b> This amount may be different from the number of exemptions you claim on your return. ▶	<b>H</b> _____
	For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</li> <li>• If you are <b>single</b>, have <b>more than one job</b> and your combined earnings from all jobs exceed \$32,000, OR if you are <b>married</b> and have a <b>working spouse</b> or <b>more than one job</b> and the combined earnings from all jobs exceed \$55,000, see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	

STF FED8105F.1

Cut here and give the certificate to your employer. Keep the top part for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ For Privacy Act and Paperwork Reduction Act Notice, see page 2.</p>	OMB No. 1545-0010 <h1 style="margin: 0;">1999</h1>
1 Type or print your first name and middle initial ..... Last name .....		2 Your social security number .....
Home address (number and street or rural route) .....		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the Single box.
City or town, state, and ZIP code .....		4 If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card ..... <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the worksheets on page 2 if they apply) .....		<b>5</b> _____
6 Additional amount, if any, you want withheld from each paycheck .....		<b>6</b> \$ _____
7 I claim exemption from withholding for 1999, and I certify that I meet <b>BOTH</b> of the following conditions for exemption: <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>ALL</b> Federal income tax withheld because I had <b>NO</b> tax liability <b>AND</b></li> <li>• This year I expect a refund of <b>ALL</b> Federal income tax withheld because I expect to have <b>NO</b> tax liability.</li> </ul> If you meet both conditions, enter "EXEMPT" here ..... ▶		
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.		
Employee's signature (Form is not valid unless you sign it) ▶		Date ▶
8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS) .....		9 Office code (optional) .....
		10 Employer identification number .....

ISA

Employer Plan Number

Employer Plan Name

**Deductions and Adjustments Worksheet**

**Note:** Use this worksheet only if you plan to itemize deductions or claim adjustments to income on your 1999 tax return.

1 Enter an estimate of your 1999 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (but not sales taxes), medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 1999, you may have to reduce your itemized deductions if your income is over \$126,600 (\$63,300 if married filing separately). Get Pub. 919 for details.) ..... 1 \$ \_\_\_\_\_

2 Enter:  $\left\{ \begin{array}{l} \$7,200 \text{ if married filing jointly or qualifying widow(er)} \\ \$6,350 \text{ if head of household} \\ \$4,300 \text{ if single} \\ \$3,600 \text{ if married filing separately} \end{array} \right\}$  ..... 2 \$ \_\_\_\_\_

3 Subtract line 2 from line 1. If line 2 is greater than line 1, enter -0- ..... 3 \$ \_\_\_\_\_

4 Enter an estimate of your 1999 adjustments to income, including alimony, deductible IRA contributions, and student loan interest ..... 4 \$ \_\_\_\_\_

5 Add lines 3 and 4 and enter the total ..... 5 \$ \_\_\_\_\_

6 Enter an estimate of your 1999 nonwage income (such as dividends or interest) ..... 6 \$ \_\_\_\_\_

7 Subtract line 6 from line 5. Enter the result, but not less than -0- ..... 7 \$ \_\_\_\_\_

8 Divide the amount on line 7 by \$3,000 and enter the result here. Drop any fraction ..... 8 \_\_\_\_\_

9 Enter the number from Personal Allowances Worksheet, line H, on page 1 ..... 9 \_\_\_\_\_

10 Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earner/Two-Job Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, on page 1 ..... 10 \_\_\_\_\_

**Two-Earner/Two-Job Worksheet**

**Note:** Use this worksheet only if the instructions for line H on page 1 direct you here.

1 Enter the number from line H on page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet) ..... 1 \_\_\_\_\_

2 Find the number in Table 1 below that applies to the LOWEST paying job and enter it here ..... 2 \_\_\_\_\_

3 If line 1 is GREATER THAN OR EQUAL TO line 2, subtract line 2 from line 1. Enter the result here (if zero, enter -0-) and on Form W-4, line 5, on page 1. DO NOT use the rest of this worksheet ..... 3 \_\_\_\_\_

**Note:** If line 1 is LESS THAN line 2, enter -0- on Form W-4, line 5, on page 1. Complete lines 4 - 9 to calculate the additional withholding amount necessary to avoid a year end tax bill.

4 Enter the number from line 2 of this worksheet ..... 4 \_\_\_\_\_

5 Enter the number from line 1 of this worksheet ..... 5 \_\_\_\_\_

6 Subtract line 5 from line 4 ..... 6 \_\_\_\_\_

7 Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here ..... 7 \$ \_\_\_\_\_

8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding amount needed ..... 8 \$ \_\_\_\_\_

9 Divide line 8 by the number of pay periods remaining in 1999. (For example, divide by 26 if you are paid every other week and you complete this form in December 1998.) Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck ..... 9 \$ \_\_\_\_\_

**Table 1: Two-Earner/Two-Job Worksheet**

Married Filing Jointly				All Others			
If wages from LOWEST paying job are —	Enter on line 2 above	If wages from LOWEST paying job are —	Enter on line 2 above	If wages from LOWEST paying job are —	Enter on line 2 above	If wages from LOWEST paying job are —	Enter on line 2 above
\$0 - \$4,000	0	40,001 - 45,000	8	\$0 - \$5,000	0	65,001 - 80,000	8
4,001 - 7,000	1	45,001 - 54,000	9	5,001 - 11,000	1	80,001 - 100,000	9
7,001 - 12,000	2	54,001 - 62,000	10	11,001 - 16,000	2	100,001 and over	10
12,001 - 18,000	3	62,001 - 70,000	11	16,001 - 21,000	3		
18,001 - 24,000	4	70,001 - 85,000	12	21,001 - 25,000	4		
24,001 - 28,000	5	85,001 - 100,000	13	25,001 - 40,000	5		
28,001 - 35,000	6	100,001 - 110,000	14	40,001 - 50,000	6		
35,001 - 40,000	7	110,001 and over	15	50,001 - 65,000	7		

**Table 2: Two-Earner/Two-Job Worksheet**

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are —	Enter on line 7 above	If wages from HIGHEST paying job are —	Enter on line 7 above
\$0 - \$50,000	\$400	\$0 - \$30,000	\$400
50,001 - 100,000	770	30,001 - 60,000	770
100,001 - 130,000	850	60,001 - 120,000	850
130,001 - 240,000	1,000	120,001 - 250,000	1,000
240,001 and over	1,100	250,001 and over	1,100

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, and the District of Columbia for use in administering their tax laws.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its

instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is: Recordkeeping 46 min., Learning about the law or the form 10 min., Preparing the form 1 hr., 10 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. DO NOT send the tax form to this address. Instead, give it to your employer.

# 457 Deferred Compensation Plan Emergency Withdrawal Worksheet



This worksheet may assist your employer in authorizing your emergency withdrawal request. Please provide as much documentation as possible. (For example, include copies of recent utility bills, mortgage payments, medical bills, bank statements.) Submit the completed worksheet and Emergency Withdrawal Form to your employer for processing.

ASSETS	LIQUID ASSETS	FIXED ASSETS
	<b>SAVINGS:</b> Credit Union     \$ _____ Bank                 \$ _____ Checking            \$ _____ Cash on hand        \$ _____  <b>INVESTMENTS:</b> Mutual Funds     \$ _____ 401(a) or 401(k)* \$ _____ IRA                    \$ _____ Cash value of life insurance \$ _____ Other                 \$ _____  TOTAL LIQUID ASSETS \$ _____ *May not be liquid	<b>RESIDENCE:</b> Market value     \$ _____ OTHER REAL ESTATE \$ _____ AUTOMOBILES        \$ _____ <b>OWNERSHIP INTERESTS</b> IN SMALL BUSINESS \$ _____ PERSONAL PROPERTY \$ _____ OTHER                 \$ _____  TOTAL FIXED ASSETS \$ _____
	<b>SHORT-TERM LIABILITIES (OUTSTANDING BILLS)</b>  TAXES DUE             \$ _____ INSURANCE PREMIUMS \$ _____ RENT OR MORTGAGE    \$ _____ UTILITIES              \$ _____ CHARGE ACCOUNTS    \$ _____ CAR PAYMENT          \$ _____ MEDICAL BILLS        \$ _____ OTHER                  \$ _____  TOTAL SHORT-TERM LIABILITIES            \$ _____	<b>LONG-TERM LIABILITIES (LOAN BALANCES)</b>  MORTGAGE              \$ _____ AUTO LOAN             \$ _____ EDUCATION             \$ _____ PERSONAL LOANS      \$ _____ OTHER                  \$ _____  TOTAL LONG-TERM LIABILITIES            \$ _____